



DEPARTMENT OF DEFENSE  
TRICARE EUROPE  
UNIT 10310  
APO AE 09136-0005

MAY 05 2004

MEMORANDUM FOR COMMANDER, ERMIC  
FLEET MEDICAL OFFICER, CINCUSNAVEUR  
COMMAND SURGEON, USAF

SUBJECT: Revised Policy for Authorization and Network Use for Cosmetic/Plastic and Morbid Obesity Surgeries in Host Nation Facilities

1. TRICARE Europe continues to align preauthorization processes to support a managed care environment, mirroring those used by other TRICARE Regions to best serve their enrolled populations. Cosmetic, plastic and morbid obesity surgeries performed in the host nation system have historically presented a unique management challenge. In applying industry standard tools, we are ensuring our population is being managed efficiently and effectively, meeting the needs of both the beneficiary and the provider.
2. To achieve uniformity of practice within this region, policy TEO PL2002-002 was revised evaluated and updated. Policies TEO PL04-001 and TEO PL 04-002 supercede TEO PL 2002-002. These policies provide a mechanism for TRICARE Europe Prime and TRICARE Standard beneficiaries to request preauthorization for cosmetic, plastic or morbid obesity surgeries at host nation facilities.
3. These policy changes apply to all TRICARE beneficiaries in non-remote locations. If you have any questions, my point of contact at the TRICARE Europe Office is COL Gail Williamson. She can be reached at email: [gail.williamson@europe.tricare.osd.mil](mailto:gail.williamson@europe.tricare.osd.mil) or phone number: DSN 496-6324/631, commercial 49-(0) 6302-67-6324.

ELDER GRANGER  
Brigadier General, USA  
Lead Agent

Attachments:

1. TEO-PL 04-001 with Appendix A
2. TEO-PL 04-002 with Appendix A



## **TRICARE EUROPE**

**TEO PL 002-04**

### **AUTHORIZATION AND NETWORK USE FOR MORBID OBESITY SURGERIES IN HOST NATION FACILITIES**

#### **1. REFERENCES:**

- a. TRICARE Policy Manual 6010.54-M, August 2002, Chapter 4 – Medical Services  
Section 13.2, Surgery for Morbid Obesity, Issue Date 9 November 1982
- b. TRICARE Policy Manual 6010.47-M, March 2002, Chapter 3 – Surgery and Related Services
  - (1) Section 1.1, Complications (Unfortunate Sequelae) Resulting From Noncovered
  - (2) Surgery or Treatment, Issue Date 11 April 1984
  - (3) Section 8.2, Surgery for Morbid Obesity, Issue Date 9 November 1982
- c. TRICARE Policy Manual 6010.47-M, March 2002, Chapter 7 – Other Services
  - (1) Section 16.1, Unproven Devices, Medical Treatment, and Procedures, Issue Date 1 November 1983
  - (2) Section 20.2, Exclusions, Issue Date 1 June 1999
- d. 32 C.F.R. 199.4, CHAMPUS, Basic Program Benefits, 9 July 2002
- e. 32 C.F.R. 199.2, CHAMPUS, Definitions, 17 April 2002
- f. TRICARE Policy Manual 6010.47-M, March 2002, Chapter 12-TRICARE Overseas Program, Section 11.1, TRICARE Overseas Program (TOP)-Lead Agent Requirements, Issue Date 20 September 1996

2. **PURPOSE:** To establish procedures for referring TRICARE Europe Prime and Standard beneficiaries to civilian host nation facilities for morbid obesity surgeries. This policy aligns TRICARE Europe with CONUS procedures for preauthorization of morbid obesity surgeries. Mechanisms are outlined for preauthorization. Key criteria of TRICARE policies, referenced above are highlighted: complete current policies can be found on the Internet at <http://www.tricare.osd.mil/tricaremanuals/>.

3. **SCOPE:** This policy implements a preauthorization process for Region 13 beneficiaries seeking surgery for morbid obesity surgeries in accordance with references (a) through (f).

#### **4. DEFINITIONS:**

Preauthorization: Also known as a preadmission certification, preadmission review, prospective review, precertification and prior authorization. The process of obtaining certification or authorization from the health plan or its designated representative to determine if benefits are payable for certain services before care or treatment is rendered. Involves appropriateness review against established criteria to determine if treatment is medically and/or

psychologically necessary. Failure to obtain preauthorization can result in a financial penalty to either the provider or beneficiary.

Morbid Obesity: The body weight is 100 pounds over ideal weight for height and bone structure according to the most current Metropolitan Life Table, and such weight is in association with severe medical conditions known to have higher mortality rates in association with morbid obesity; or, the body weight is 200 percent or more of the weight for height and bone structure according to the current Metropolitan Life Table (Appendix B). Associated medical conditions include, but are not limited to, diabetes mellitus, hypertension, cholecystitis, narcolepsy, pickwickian syndrome (and other severe respiratory disease), hypothalamic disorders and severe arthritis of the weight-bearing joints.

#### 5. TRICARE/CHAMPUS POLICY CONSIDERATIONS:

- a. Diagnostic Requirements: Coverage for morbid obesity surgery may be authorized if the beneficiary meets the criteria outlined in the appropriate references (a) through (f).
- b. Preauthorization Requirements: All Region 13 beneficiaries seeking morbid obesity surgery admissions are required to obtain prior authorization.

#### 6. RESPONSIBILITIES:

##### a. Referring Provider

- (1) Documents clinical recommendations and communicates recommendation to the patient. Clinical documentation should support the surgery being considered or recommended. The Primary Care Manager (PCM) is required to fill out the TEO PCM form for Morbid Obesity Surgery (APPENDIX A).
- (2) Submits clinical documentation to their local TRICARE Service Center. Any release of information should follow Service guidance for confidentiality and documentation of "Patient Release of Information" for care coordination and claims reimbursement purposes.
- (3) Helps to secure an accepting provider based on the treatment needs of the patient and provides the necessary documentation. Coordinates with the beneficiary's host nation attending physician, obtains pertinent clinical data, and coordinates discharge planning to ensure continuity of care.
- (4) Communicates with TEO on any quality of care concerns and issues regarding treatment provided by a host nation physician or at a host nation facility.

##### b. TRICARE Service Center (TSC):

- (1) The local TSC provides the administrative support for the authorization process in the role of TOP Health Care Finder functions. Specific responsibilities include:
  - (a) Reviews the request to ensure it is a covered benefit under TOP.
  - (b) Checks eligibility of the beneficiary and provides a copy of DEERS/enrollment verification paperwork, along with an authorization request and clinical documentation to the TEO. Ensures that a confidentiality statement is on the fax coversheet. Ensures good phone/fax contact numbers are provided. Sends the request via facsimile to: TEO/ATTN: Morbid Obesity Authorization request
    - Primary Phone Line: DSN: 496-6377
    - Commercial outside of Germany: 49-6302-67-6377
    - Commercial within Germany: 06302-67-6377
    - Alternate Phone Line: DSN: 496-6378
    - Commercial outside of Germany: 49-6302-67-6378

- Commercial within Germany: 06302-67-6378

- (2) Sends authorization paperwork received from TEO to the referral physician and/or facility.
  - (3) Documents the authorization approval within the DEERS EWRAS "Non-Availability Statement (NAS) system in accordance with guidance provided by the TEO Regional Operations Division. An NAS should not be entered into the system if a hard copy authorization form has not been received from the TEO.
  - (4) Communicates with TEO on any feedback received from the beneficiary and/or family member on concerns or issues with the host nation facility or host nation provider.
- c. TRICARE Europe Office (TEO): The TEO is the centralized point of contact for preauthorizations. Responsibilities include:
- (1) Ensuring designated personnel within the TEO issue an authorization. The list of designated authorizing personnel is provided to Wisconsin Physician Services (WPS), TRICARE Overseas Program claims payer.
    - The Care Authorization must be attached to claim in order for WPS to pay. A paper authorization form will be used for claims submitted from OCONUS morbid obesity surgery to facilities and providers to enable identification of designated authorizing personnel.
  - (2) The TEO will process the authorization request within 7 workdays of receipt of the completed paperwork.
  - (3) Authorizes or denies the appeal and answers the denial package request.
  - (4) TEO will forward the authorization paperwork to the TSC who initiated the request.

**APPENDIX A**  
**TEO PCM SHEET FOR**  
**MORBID OBESITY SURGERY**  
**Pre-Authorization Referral Form**  
**Date\_\_\_\_\_**

Patient Name:	
AGE:	Height/Weight

**Relevant Patient History (Check all that apply)**

- ☐ Documented morbid obesity for 5 years (See chart).
- ☐ DEROS date at least 6 months from the anticipated surgical date.
- ☐ Participation in a documented nutrition/ exercise program for a cumulative total of 6 months and within the last two years.  
(Given the importance of patient compliance with diet and exercise self-care programs for enhanced outcomes after surgery, patient inability to comply with a diet and exercise regiment prior to surgery indicates poor compliance and an increased risk of adverse outcomes)
- ☐ Comprehensive evaluation and review of significant medical or psychiatric history by their Primary Care Manager (PCM), surgeon or mental health professional/ counselor indicating good candidacy, readiness for bariatric surgery, and confirmation of positive family support system.
- ☐ Education regarding the need for life long follow-up.
- ☐ The patient has been advised that TRICARE policy does not cover breast lifts, thigh and arm reduction, and that an abdominoplasty must be deemed medically necessary to be covered by TRICARE.
- ☐ Given the above, this patient is a good surgical candidate at this time.

Additional findings, details or comments other health care providers, case managers or preauthorization personnel should know:

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**MORBID OBESITY SURGERY  
PREAUTHORIZATION CRITERIA (Cont.)**

**Comorbidities:** *Circle all that apply; add details as available...*

<b>Hypertension</b> <i>Describe</i>	<b>Diabetes</b> <i>Describe</i>	<b>Cholecystitis</b> <i>Describe</i>
<b>Hypothalamic Disorders</b> <i>Describe</i>	<b>Joint Problems (specifically any medical evidence of arthritis)</b> <i>Describe</i>	<b>Respiratory Problems</b> <i>Describe</i>

**Note: Only the following surgeries are covered for morbid obesity...**

- A. Gastric bypass
- B. Gastric stapling
- C. Gastroplasty with vertical band.  
(LAP -BAND is **NOT** a covered TRICARE benefit.)

\_\_\_\_\_  
**PCM Signature**

\_\_\_\_\_  
**Date**

**TSC Use ONLY:**  
**FAX checklist to TEO ATTN: CASE MANAGER)**  
**496-6377 or commercial 0049 (0) 6302-67-6377**

☐ DEERS Eligibility Sheet    ☐ PCM Form    ☐ Host Nation Report Provider to Include Surgical Date and Proposed Type of Surgery

**APPENDIX B**  
**1993 Metropolitan Life Insurance Company Height-Weight Tables**

HEIGHT		WOMEN			MEN		
Feet	Inches	Ideal Weight	60% over	100 pounds over	Ideal Weight	60% over	100 pounds over
4	10	115	184	215			
4	11	117	187	217			
5	0	119	191	219			
5	1	122	195	222			
5	2	125	200	225	136	218	236
5	3	128	205	228	138	221	238
5	4	131	210	231	140	224	240
5	5	134	214	234	142	228	242
5	6	137	219	237	145	232	245
5	7	140	224	240	149	238	249
5	8	143	229	243	151	242	251
5	9	146	234	246	154	246	254
5	10	149	238	249	157	251	257
5	11	152	243	252	160	256	260
6	0	155	248	266	163	262	263
6	1				167	267	267
6	2				171	274	271
6	3				174	279	274
6	4				179	286	279

**TRICARE Policy Regarding Morbid Obesity: Key Points**

- A. Only gastric bypass, gastric stapling or gastroplasty to include vertical banded gastroplasty are approved surgeries.

(NOTE: Laparoscopic adjustable gastric banding is not a covered benefit.)

- B. To meet benefit criteria the patient must be either...

1. 100 lbs over ideal weight for height and bone structure and have an associated comorbidity such as: diabetes mellitus, hypertension, cholecystitis, narcolepsy, severe respiratory diseases, hypothalamic disorder and severe arthritis of the weight-bearing joints

**OR**

2. 200% or more of the ideal weight for height and bone structure.  
(Ideal weight multiplied by 200%)

**OR**

3. Had intestinal bypass or other surgery for obesity and because of complications, requires a second surgery.